



COMMUNITY FOUNDATION GREY BRUCE

General Grant Application

Background Information

Community Foundation Grey Bruce continues true to its mission to enrich the quality of life of the people in Grey Bruce by supporting not-for-profit charitable, educational and cultural organizations. Formed in 1995, the Foundation grew to \$2.5 million in assets by 2006, with over 1200 donors during those years. In 2006, over \$100,000 in grants were distributed to applicable local initiatives from the interest earned on the 49 endowment funds held through the Community Foundation Grey Bruce. Not-for-profit organizations across Grey & Bruce are invited to apply for a grant.

Criteria

- 1) Applicant is a not-for-profit organization within Grey County or Bruce County
- 2) Applicant has a registered charitable number or is sponsored by an organization that has a registered charitable number
- 3) Applicant's project will benefit local communities providing charitable, educational, cultural, recreational or environmental endeavors to the people in Grey Bruce.
- 4) **Applications will not be considered for:**
 - a. To support ongoing operating costs
 - b. In response to annual fundraising
 - c. To cover deficits
 - d. To retire debts
 - e. To endowment funds
 - f. To sectarian, religious or political organizations
 - g. To organizations that are totally Government funded
 - h. To individuals

Selection Procedure

All applications for the Community foundation Grey Bruce grants will be reviewed after March 31st to determine their eligibility. **It is important to fill out the application in full as incomplete applications will be rejected.** All eligible applications will be reviewed by a panel which will award the grants to all deserving applicant organizations on the basis of:

- a. Proven/researched need for the project/program
- b. Program objectives/evaluation procedures
- c. Organizational strength
- d. Mission/track record/ people served
- e. Fiscal & management responsibility/stability
- f. Community support/partnerships

Successful applicants will be notified by the Community Foundation Grey Bruce and invited to attend the annual Grant Presentation, where their grant cheque will be presented.

Please note: The maximum grant amount per organization is \$500.

Requirements

- 1) Print out the following application form. Mail **2 copies** of the completed application form **with signatures as required** to the address or fax to the number below. **Enclose one copy of the following information:**

- a. A list of current Board Members and/or Executive Committees, including their addresses, telephone numbers & positions.
- b. A copy of the most recent audited financial statement.
- c. A copy of your current annual budget and your most recent monthly/quarterly operating statement.
- d. A copy of your incorporation document, if applicable.
- e. A copy of documents confirming charitable registration status
- f. A copy of your latest Annual Report/ and/or general information brochure.
- g. Additional authorizations, if there are co-applicants.

****Please note: we are an environmentally aware organization and ask you please DO NOT send additional items not listed above or multiple copies of required information, so we can meet our mandate of less material to landfill or recycling.***

- 2) A follow-up report is expected within one year. Photographs of the project for inclusion in the Foundation's Annual Report are requested by October 1st.
- 3) The applicant organization agrees to present the Community Foundation Grey Bruce as a partner, through their own organization including newsletters, promotions, etc. A logo will be provided from the Foundation for inclusion
- 4) If the project fails to go through, the grant must be returned to Community Foundation Grey Bruce and the monies will be awarded to another deserving organization.

In order to be considered, applications must be received by May 15 at:

**By mail: Community Foundation Grey Bruce
 P.O. Box 81
 Owen Sound, ON N4K 5P1**

By Fax: (519) 470-4744

Community Foundation Grey Bruce
General Application

(For Office Use Only) Date received: Application No.

PLEASE COMPLETE THIS FORM USING ONLY THE SPACE PROVIDED

Name of Organization Applying _____

Donation Category _____

Contact Person _____ Title _____

Address _____

Telephone _____

Charitable Registration Number: _____

Name of Sponsoring Organization with Registration Number (if different from above)

Contact Person _____

Title _____

Address _____

Telephone _____

We certify that the Board of Directors has authorized this application

Fund applying for (if known) _____

Chief Volunteer

Chief Staff Person

Signature

Signature

Total Organization Budget	Total Cost of Project	Amount Requested
\$	\$	\$

PROJECT TITLE: _____

Brief Description:

ABOUT YOUR ORGANIZATION

ORGANIZATION MAKING THE APPLICATION:

When did you begin operating? _____

What is the purpose of your organization and whom does it serve?

VOLUNTEERS:

How many volunteers, apart from the Board, do you use? _____

What do they do? _____

STAFF:

Number of full time positions _____ Part time _____

ABOUT YOUR PROJECT

1. NEED:

What are the issues this project will address? How was the need determined?

2. PURPOSE:

What will this project specifically accomplish? Length of Project

3. WHO:

Describe who will be served by this project. How many will be served? What is the geographic area served?

4. CO-ORDINATION:

Who else in the Community is working on this issue? What will you do that is different from or better than existing programs? How will you co-ordinate with them?

5. FUTURE FUNDS:

How will this project be financed in future?

6. EVALUATION:

How will the project be monitored and results evaluated?

7. OTHER:

Is there anything else you would like us to know about your project?

PROJECT NAME

ESTIMATED EXPENSES:

TOTAL EXPENSES: \$ _____

ESTIMATED REVENUE:

REQUEST FROM COMMUNITY
FOUNDATION: _____

TOTAL REVENUE: \$ _____

Indicate below funding for the project from other sources such as private sponsors, Foundations or public granting agencies:

Applications made to:	Date Applied	Amount Requested	Response Expected	Response Confirmed

Have you received funding from the Community Foundation in the past? If Yes, when and how much